

FROM : Paper Parachute

PHONE NO. : 503 533 8243

Jul. 03 2003 10:57AM P2

PTO/SB/01 (10-01)  
Approved for use through 10/31/2002 OMB 0651-0032  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	IST-PO02
	First Named Inventor	Louis J. Morales
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	3 July 2003
	Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing.	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As the below named inventor, I hereby declare that:  
My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

On-chip Compensation Control For Voltage Regulation

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56; including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America. Listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application having a filing date before that of the application on which priority is claimed.

Priority Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FROM : Paper Parachute

PHONE NO. : 503 533 8243

Jul. 03 2003 10:58AM P4

Please type a plus sign (+) inside this box → ☐

PTO/SB/E1 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	3 July 2003
First Named Inventor	Louis J. Morales
Title	On-Chip Compensation Fek...
Group Art Unit	
Examiner Name	
Attorney Docket Number	ISI.P002

I hereby appoint:

☐ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Raymond J. Werner	34,752

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number 

OR

Place Customer  
Number Bar Code  
Label here☒ Firm or  
Individual Name

Raymond J. Werner

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Address

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City

Hillsboro

State

OR

Zip

97124

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United States

Telephone

503-466-2294

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I am the:

☒ Applicant/Inventor.☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Louis J. Morales

Signature

Date

3 July 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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FROM : Paper Parachute

PHONE NO. : 503 533 8243

Jul. 03 2003 10:58AM P3


PTO/SB/01 (10-01)

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Raymond J. Werner</b>			
Address <b>2092 NW Alodex Drive Suite 525</b>			
City <b>Hillsboro</b>	State <b>Oregon</b>	ZIP <b>97124</b>	
Country <b>United States</b>	Telephone <b>503-466-2294</b>	Fax <b>503-466-2715</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Louis J.</b> (first and middle (if any))		Family Name <b>Morales</b> or Surname	
Inventor's Signature 		Date <b>3-JULY-03</b>	
Residence: City <b>Somerville</b>	State <b>MA</b>	Country <b>USA</b>	Citizenship
Mailing Address <b>22 Porter Street</b>			
City <b>Somerville</b>	State <b>MA</b>	ZIP <b>02143</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			